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THE QUESTION OF ALCOHOL

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THE QUESTION OF ALCOHOL

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FOREWORD

THE papers presented in this book are the result of an investigation undertaken for the *Medical Record.* Chapters I, III, and IV are reproduced from that journal. Chapter II appeared in *The Survey.*

The investigations were conducted partly in association with my brother, Dr. Henry Smith Williams, whose earlier researches on the alcohol problem are familiar to friends of temperance everywhere. The results of the present investigations were stated briefly but comprehensively in an address delivered by him at the National Conference on Race Betterment, held

at Battle Creek, Michigan, January 10, 1914. I am permitted here to quote the salient portions of this address (hitherto unpublished). This forms the concluding chapter of the book.

The evils that have been accentuated by ill-advised temperance propaganda are too patent to escape the attention of any candid observer. The measures of reform here suggested will commend themselves, it is hoped, to a large number of persons who do not make the mistake of confounding temperance with prohibition.

E. H. W.

THE QUESTION OF ALCOHOL

I

THE DRUG-HABIT MENACE *

FROM the evidence offered by the State Hospital records it appears that there is a far higher percentage of drug habitués per capita in the South than in most of the Northern States. Moreover, in the Southern States drug habituation seems to be increasing rapidly in certain localities, whereas in many of the Northern States there appears to be an actual decline.

In 1912 the proportion of cases of drug psychoses admitted to the hospitals for the insane in New York State

* Reprinted from the *Medical Record* of February 7, 1914.

was only 1 to 386 of all other forms of aberration. During this same period the proportion in Georgia was 1 to 42; in North Carolina (Raleigh), 1 to 84; in the Eastern Hospital, Tenn., 1 to 74; in the Mississippi State Hospital (1911), 1 to 46; in the Eastern Mississippi State Hospital, 1 to 23; and Oklahoma, 1 to 9, during the same period. In other words the proportion of drug-takers admitted to the insane hospitals in the South was from five to forty times greater than in New York State.

One naturally assumes that the large negro population of the South is responsible for this striking difference in conditions. But this assumption is not sustained by the hospital records, at least as regards actual insanity. Thus in the Georgia State Hospital, where the proportion of negro patients to white is about three to four, there were only four cases of drug intoxication

among the negroes in 1911, while the number of white patients was twenty-six. In 1912 the number of cases of this form of psychosis had risen to twenty-seven among the whites, while there were no cases among the negroes admitted. And a similar, although less striking discrepancy is found in other hospitals where white and colored patients are admitted.

Apparently, then, the difference in race does not explain the relative difference in numbers of this form of psychosis. And yet there seems to be no question that drug-taking is practiced among the negroes to a far greater extent than among the white population, or that it has increased with alarming rapidity during the last four or five years.

The insane hospital records show that morphine is responsible for most of the committed cases of drug psychosis, while cocaine plays an insignificant

and entirely subordinate part. Yet cocaine is the drug usually taken by the negro drug-taker—is, indeed, becoming a veritable curse to the colored race in certain regions. And when we turn from the hospital records to the records of the jails, workhouses, and prisons, we find ample explanation for the negro drug-taker's absence from the hospitals. He isn't in the hospital because he has stopped in the penal halfway house. In some places his numbers tax the capacity of these institutions.

Moreover, the authorities admit their inability to prevent the negro from getting his supply of cocaine, or even to determine where he gets it in most instances. They admit freely that there is an enormous underground traffic in the drug, and that any negro who can scrape together a few cents can get a supply whenever he wishes it. And of course this traffic is not confined to the

negroes, but extends to the "poor whites" who occupy about the same social and intellectual plane.

In many of the towns and cities the bootblacks and newsboys act as common vendors—retailers, so to speak, who loyally refuse to reveal the sources of their supply even under the most extreme pressure. They sell the commodity in the form of "snuff," a vile concoction composed of a small proportion of cocaine mixed with some white powder (such as Epsom salts) to give it bulk. "Ten cents a sniff" is the usual price for an individual "dose." But the more affluent purchaser who can raise the sum of twenty-five cents may get a good day's supply for that price, which is dispensed in small paper pill-boxes.

Once the negro has reached the stage of being a "dope taker"—and a very few experimental sniffs of the drug make him an habitué—he is a

constant menace to his community until he is eliminated. For his whole nature is changed for the worse by the habit. Sexual desires are increased and perverted, peaceful negroes become quarrelsome, and timid negroes develop a degree of "Dutch courage" that is sometimes almost incredible. A large proportion of the wholesale killings in the South during recent years have been the direct result of cocaine, and frequently the perpetrators of these crimes have been hitherto inoffensive, law-abiding negroes. Moreover, the negro who has once formed the habit, seems absolutely beyond redemption. Imprisonment "cures" him temporarily; but when released he returns to the drug almost inevitably.

But perhaps the most interesting feature of the effects of cocainism, at least from a medical standpoint, is the fact that the drug renders the user immune to *shock* to an astonishing de-

gree—a condition adumbrated by Crile in his classic experiments of 1897.* In the language of the police officer, "the cocaine nigger is sure hard to kill"—a fact that has been demonstrated so often that many of these officers in the South have increased the caliber of their guns for the express purpose of "stopping" the cocaine fiend when he runs amuck.

An experience of the Chief of Police, D. K. Lyerly, of Asheville, N. C., is illustrative. In attempting to arrest a hitherto peaceful negro who had become crazed by cocaine, Lyerly was forced to grapple with the man, who slashed him viciously with a long knife. In self-defence the officer drew his re-

* This resistance to shock seems to verify clinically Dr. Crile's experimental observations made in 1897. In his "Cartwright Prize Essay for 1897" he summarizes one phase of his exhaustive investigations as follows: "In a series of experiments on cocaine administered hypodermically to prevent splanchnic shock, there is strong evidence as to its efficiency."

volver, placed the muzzle over the negro's heart, and fired—"for I knew I had to kill him quick," the chief explained.

The revolver he used, be it understood, was not the short-cartridge, pocket weapon carried by most Northern policeman, but a heavy army model of .32-20 caliber—a cartridge which Lieut. Townsend Whelen, U. S. A., declares will kill any game in America. And yet this bullet did not even stagger the crazed negro, and neither did a second bullet which pierced the biceps muscle and entered the thorax. So that the officer had finally to "finish the man with his club." The following day Mr. Lyerly exchanged his .32-20 for a .38 caliber army model, the weapon carried by the men of our army and navy. And a similar exchange has been made by many of the officers in the South who have had experience with the homicidal negro, both before

and since the days of general and habitual cocaine taking.

Needless to say this immunity to shock, together with the fearlessness, hallucinations and homicidal tendencies that cocaine engenders, makes the "fiend" an object of special dread. But the drug has still another effect that makes him peculiarly dangerous. Unlike whisky, cocaine seems to put the muscular and nervous system of the user temporarily in a state of tense stability, so as to improve, rather than interfere with, his marksmanship.

It seems to be an established fact that the abuse of ardent spirits interferes with good shooting. But such an example as that of the cocaine-crazed negro in Asheville who killed five men dead in their tracks with one shot for each, shooting at long range in some instances, demonstrates that cocaine does not impair eyesight or muscular co-ordination. I doubt if

this feat in marksmanship—actually killing, not merely wounding, five men with five shots—has been equalled in modern times. And undoubtedly the negro could not have accomplished it under the stimulus of any other known drug.

We should not, of course, draw too definite general conclusions from a single example. But there have been so many other instances in which the cocainized negro has exhibited deadly accuracy in shooting, such as the recent slaughter of nine persons at Harriston, Miss., and the shootings in Memphis, that there is no escaping the conclusion that cocaine, besides making the habitué homicidal, adds to his ability to carry out the homicidal intent.

The habit of cocaine-taking, while not entirely a novelty in the South, has developed into a veritable epidemic of alarming proportions only within the last few years. I was told by physi-

cians and officers in many places that five years ago the "cocaine fiend" was practically unknown in their communities. A year or two later he had become a menace; and since that time the number of cocaine-takers has trebled and quadrupled in many places.

What is the cause of this sudden increase? And why does the negro and the poor white now take this hitherto little used, although long-known, stimulant?

For the purpose of trying to find a satisfactory answer to these questions, as well as to determine whether the drug-habits in the Southern States are really as common as the printed records indicate, I have recently taken an extended journey through certain regions of the South where these conditions seem to flourish. In this quest I visited State hospitals, county hospitals, jails, workhouses and prisons,

and interrogated patients, prisoners, physicians and officers.

Everywhere I found evidence that the cocaine habit is increasing: there was not a single dissenting opinion. And since this universal belief is confirmed by police and hospital records, it may be accepted as a definitely established fact. I found also a unanimity of opinion, among those competent and in a position to judge, as to the cause of this appalling condition. A prisoner put the thing in a nutshell in answering my question as to why he began taking cocaine, when he said: "'Cause I couldn't git nothin' else, Boss."

Ever since the emancipation of the slaves the South has been confronted by a problem that does not exist in the North. This problem is the control of the negro—particularly the low-class negro. Since numerically the colored people represent from 30 to 60 per

cent. of the population in these States (no Northern State has even 5 per cent.) it is evident that any race-problem that concerns the negro in the South is one of first magnitude.

Of course the colored man, like his white neighbors everywhere, is likely to commit lawless acts when under the influence of strong liquors; and because of his inferior mental organization, sometimes perpetrates the most revolting crimes when intoxicated. And since the control of the sober negro offers a sufficiently difficult problem in communities where every other man is colored, it is naturally the earnest desire of the authorities to eliminate the added menace of the drunken negro.

Moreover, since most of the Southern negroes are poor, illiterate and shiftless, the controlling white men thought it would be a blessing to the colored man himself, as well as to the

community at large, to put whisky out of his reach.

The simplest way to do this, it seemed, would be through the agency of prohibitive legislation. And so Georgia, Mississippi, North Carolina, Tennessee, South Carolina and West Virginia passed State-wide laws intended to abolish the saloon. These laws, of course, do not prevent the white man, or the well-to-do negro from getting what liquor they wish, and, when they wish it, through legitimate channels. It is considerable trouble, to be sure, to write, send money, and receive packages by express; but the white men were ready to submit to this inconvenience if by doing so they could keep strong drink away from the shiftless and dangerous negro.

The task did not seem impossible, since active police work would close the saloons and dives. And by doing

this they would (theoretically, at least) make it practically impossible for at least 25 per cent. of the total population to obtain whisky. For the number of negroes and poor whites who have sufficient intelligence, education and money to send away for their liquor is extremely limited. And so these States entered upon a hoped-for Utopian period by abolishing the saloons—"the blessing of prohibitive legislation," as some enthusiasts called it. But the "blessing" was not to prove an unmixed one by any means, as subsequent events have proved.

For the negro and the white man quickly discovered that there were other substances besides alcohol that produced pleasant intoxicant effects—substances that are measured in fractions of grains instead of fractions of gallons. Morphine and cocaine offered the most alluring attractions, although there were certain soda-foun-

tain beverages and drug-store nostrums that could be requisitioned in a pinch. But eventually cocaine completely outstripped its rivals in popularity, because the substance could be readily obtained, and because its effects were produced quickly and certainly by the simple process of sniffing into the nose.

To supply the demand for this drug a steadily increasing clandestine traffic was established and flourishes despite the concerted efforts of Federal, State, and local authorities. In short, the South in trying to correct a bad condition, has created one infinitely worse, and one absolutely beyond the power of the authorities to suppress or even control.

Laws aimed to suppress illicit liquor traffic frequently fail because public sentiment and public officials are not in sympathy with the attempt. But such is not the case with the cocaine traffic. Public officials to a man are

eager to suppress it, not merely for sentimental reasons, or from a sense of duty, but from the most potent and compelling motive, *fear*—a matter of self-preservation. Yet in the face of this all-powerful incentive for its suppression, the traffic is steadily increasing.

It is usually difficult to put a finger upon the exact cause of any important economic condition—or disease. Nevertheless a mass of evidence all pointing in one direction warrants our drawing certain conclusions about economic conditions and diseases. And in the case of the increasing drug-habits among the negroes and poor whites in the South the mass of evidence indicates that there is a direct relationship between this condition and the present method of controlling the liquor traffic.

It is significant that hospital and police records both show that during the

last five years, the period of active prohibitive legislation, drug-habits have increased enormously. And these records are supplemented by concurrent opinions of physicians and officials.

The drug-users themselves are practically a unit in declaring that they began taking the drug because it was more easily obtained than their accustomed beverages. In considering the value of such statements we must, of course, make allowance for the characteristic untruthfulness of the drug habitué. But it is inconceivable that they should all hit upon the same statement without the existence of a groundwork of truth for their assertions. It is improbable, also, that physicians and officials should have reached the same conclusion without adequate reason for their belief.

Moreover, it is most significant that in cities such as Raleigh, Asheville and Knoxville, where open drinking places

have been abolished, cocaine-taking is increasing at an alarming rate. In Knoxville as many as seven cocaine-using women have been haled to police headquarters in a single day. On the other hand in such a place as Memphis with its 70,000 negroes, where no attempt is made to stop the sale of liquor, there has been only a moderate increase in the number of drug-takers.

The fact that addiction to cocaine is rare among the better classes of whites and negroes is also significant. The offenders are found mostly among the shiftless class of both races; but unfortunately most of the negroes belong to this class, and in some localities represent fully half the total population. The upper classes can, and do, supply themselves with liquor through the agency of the express companies, whose records are open to inspection, and show a traffic in "gallon packages" that beggars belief. But none of these

thousands of packages reach the poorer classes, whose financial status cannot rise above the ten-cent "sniff," or the twenty-five-cent pill-box mixture.

It is significant, also, that many persons who formerly found their way into hospitals and jails as alcoholics, now return as drug habitués.

In short, there is no escaping the conclusion from the mass of available evidence, that the enforcement of prohibition has created a demand for, and produced a traffic in, habit-forming drugs among a dangerously large proportion of the lower classes in the South.

No one familiar with the horrors of the cocaine habit will question whether this substitution of the drug for alcohol is a change for the better. In the case of the habitual drunkard, of course, the substitution may be a good one: cocaine will kill him a little quicker. But it is a very different matter in the case

of the ordinary temperate negro—the man who would take an occasional drink without ever becoming in any sense alcoholic. It is among this class that cocaine is working real havoc.

The negro does not appreciate that the penalty of taking a few sniffs of cocaine with convivial companions is very different from that of taking a few glasses of beer under the same circumstances. Like most normal white men, he can take liquor, or leave it alone, as he chooses; and unless he is tainted mentally he does not become an alcoholic. But it requires no mental taint to produce a cocaine fiend; and once the negro begins to dabble with the drug he is doomed. For there is no such thing as an "occasional" or "moderate" cocaine user. The line is very sharply drawn between the total abstainer and the "fiend," without any intermediate condition.

Rightfully, of course, the control of

the cocaine habit, and conditions producing drug-habituation, belongs to the domain of medicine just as surely as does the control and treatment of other forms of mental abnormalities or epidemics. But, unfortunately, some of the causes of cocainism are so hopelessly entangled with political issues that mere questions of what is right, or best, are completely subordinated. So that the physician must view with such complacency as he can the sight of a race being decimated by the abuse of a useful drug, until the tide of political contention has spent itself, or shifts to some other field of activity. The wisdom of this political policy is about on a par with that of calling in the surgeons to patch up the wounded after a battle, instead of averting the battle itself.

II

TEMPERANCE INSTRUCTION IN PUBLIC SCHOOLS AND ITS RESULTS*

Not long ago former President Taft, in an address delivered at the commencement exercises of a college in Philadelphia, made the following significant statement regarding certain text-books used in our public schools:

"Criticism . . . might well be directed to many text-books that seek to inculcate aversion to the use of intoxicating liquor. The unwise extremity to which legislators have gone in the requirement for such teaching has stimulated a class of books which dwell on the results of the use of intoxicating liquors in such an exaggerated way that pupils soon begin to understand

* Reprinted from *The Survey* of April 18, 1914.

that they are grotesque exaggerations, and therefore they become skeptical in respect to the whole matter."

This statement is but a reiteration of the warning given more than ten years ago by one of the most learned, conservative, and non-partisan bodies of men ever organized in America, co-operating directly with the leaders of thought all over the world, namely, the Committee of Fifty, organized for the purpose of studying the alcohol question in all its phases. After several years of investigation this committee said, in its publication of 1903:

"Under the name of 'Scientific Temperance Instruction' there has been grafted upon the public school system of nearly all our States an educational scheme relating to alcohol which is neither scientific nor temperate nor instructive."

Meanwhile this "educational scheme" has been carried into other States and

teaching by falsehood has gone unblushingly on. The text-books in the schools to-day, which nearly every child in the country is required to study, show no improvement over those scored by the Committee of Fifty.

Let us see how the trouble started. In 1879, Mary H. Hunt presented to the National Convention of the Woman's Christian Temperance Union her scheme "for thorough text-book study of scientific temperance in public schools as a preventive against intemperance." The scheme was adopted, and as a result the W. C. T. U. begun an active campaign to secure legislation requiring the teaching of "scientific temperance" in the public schools. By the time of the investigation of the Committee of Fifty, forty-three States had passed such laws, and twenty-four text-books, "authorized" by the W. C. T. U., were in use.

The Committee of Fifty, which re-

ported that these books were not scientific included such educators as Charles W. Eliot, Seth Low and Prof. R. H. Chittenden; such ecclesiastics as Bishop Alexander Mackay-Smith, the Rev. Father A. P. Doyle and the Rev. Washington Gladden; such physicians as Dr. William H. Welch, Dr. H. P. Bowditch and the late Dr. J. S. Billings; with such names as Carroll D. Wright, the late Richard W. Gilder, William Bayard Cutting, and some forty others no less distinguished, completing the galaxy.

Science is but another name for accepted truth. We must infer, therefore, that these books contained statements which were not accepted as facts by the members of the committee. As a typical example, we may take the statement, made in practically every one of the accepted text-books, relating to the physiological action of alcohol. In these books, none of them vouched

for by any authoritative writer's name, and eight of them written anonymously, appear such sentences as the following:

"We can find nothing about it [alcohol] that gives us any idea that it is a food . . . Alcohol is not in any sense a food." "Alcohol is not a food . . . Close observation of its effects on man does not warrant us in believing that it has any value whatever as a food." "Alcohol is not a food, for it cannot build up any part of the body. It contains no mineral substance and will not make healthy fat." And so on through the entire twenty-four volumes.

It should be noted that the question of the advisability of *using* alcohol as a food is not involved. It is simply the question of alleged physiological facts that were at once open to challenge, and were so challenged by the leading scientists of the world.

This committee did not stand alone in its criticism. Sir Michael Foster laid the matter before the International Physiological Congress, and more than sixty members signed a statement contradicting the dogmatic teachings of the American public school text-books. The statement they affirmed is in part as follows:

". . . The results of careful experiments show that alcohol, so taken (in diluted form, and in small doses) is oxidized within the body and so supplies energy like common articles of food, and that it is physiologically incorrect to designate it as a poison, that is, a substance which can only do harm and never good to the body."

Thus it will be seen that the statements made in the American text-books were contradicted generally, and specifically, by men who had proved their right to a hearing, and who did not express their opinions in anonymous pub-

lications. It is evident, therefore, that the authors of the American books were either ignorant about facts, or had willfully stated untruths—for neither of which can there be any valid excuse.

The committee interrogated the author of one of the American text-books which was being used in hundreds of public schools. His answer removes all doubt as to his purpose:

"I have studied physiology and I do not wish you to suppose that I have fallen so low as to believe all of the things that I have put into those books."

Another author showed his willingness to "trim" and to equivocate in the most brazen way by writing two text-books, one for medical students, the other for school children, which was listed as "authorized." His attitude is shown quite clearly in the following quotations:

"Authorized" Book (for school children)	Unauthorized Version (for medical students)
"Has alcohol a just claim to be called a food? Is alcohol a tissue-forming food? To this the answer is certainly, No . . ." "Is alcohol a strengthening food? To this the answer is, No . . ."	"Alcohol . . . according to circumstances, alcohol may be a poison or may be useful; when useful it may be regarded either as a force regulator or as a force generator. . . . If the facts lead us to conclude, against the extremists, that it is to a certain extent a food, it is nevertheless a dangerous one. . . ."

This attitude of deception characterizes all the "authorized" text-books condemned by the committee, wherever the question of narcotics is involved.

The food-value of alcohol is treated much less grotesquely than many other topics. Indeed, some of the statements were of such character that the Committee of Fifty in its official report as-

serted that: "These books, especially those intended for the lower grades, fairly bristle with statements of a character to work upon the fears of the reader, and remind one in this respect of patent medicine advertisements."

This statement was not published, however, until after the committee had called the attention of the Department of Scientific Temperance Instruction of the W. C. T. U. to several glaring errors in these "approved" text-books. This kindly criticism elicited no reply. But the following year the advocates of Scientific Temperance teaching issued a circular, in which the statement was made that their "experts" had examined all the endorsed school books, and that "not a single member reports finding them inaccurate, but exactly the reverse."

This finding is entirely comprehensible, however, if we consider the avowed point of view from which the

"experts" conducted the investigation. It is summed up in one of the official publications of the promoting organization. "This is not a physiological, but a temperance movement," it declares. "Temperance should be the chief and not the subordinate topic and should occupy at least one-fourth the space in text-books for these grades."

Meantime the work of converting States to the régime of enforced instruction in Scientific Temperance steadily progressed. Forty-three States had passed laws stating specifically that such instruction should be given, at the time that the Committee of Fifty made its report. At the present time it is the boast of the W. C. T. U. that they have brought every State in the Union, and every American dependency, under the sway of such laws, and that the laws are being rigidly enforced.

The laws of New York State may

be taken as representative. In New York, "All pupils . . . below the second year of the high school and above the third year of school work . . . shall be taught and shall study this subject (Scientific Temperance) every year . . . for not less than three lessons a week for ten or more weeks, or the equivalent of the same in each year. . . . All pupils in the lowest three primary, not kindergarten, school years, or in corresponding classes of ungraded schools, shall each year be instructed in this subject orally for not less than two lessons a week for ten weeks. . . ." And the paragraph containing this clause closes with the sentence: "Nothing in this act shall be construed as prohibiting or requiring the teaching of this subject in kindergarten schools."

Thus we see that every pupil who attends school for the usually prescribed length of time, must devote

some 250 hours to studying the effects of alcohol and narcotics. Considering the number, and importance, of the branches that must be studied during these crowded school years, this amount seems greatly disproportionate. It impressed Prof. Kronecker, of Bern, as being so when he examined our school systems. "I was quite shocked," writes Prof. Kronecker, "when I read that in the primary and middle grades every child from six to seventeen years is instructed 250 hours in the physiology of alcohol. If I were to teach this subject *five* hours I should know of nothing more to say, and should probably be discharged by the authorities as a stupid teacher."

I have before me an imposing array of volumes, all of them endorsed by the W. C. T. U. and used in the schools of one or more states at the present time. One of these books for smaller children,—a book in use, the

publishers assure me, in more than a thousand schools throughout the country,—is presented in twenty-four chapters. Nineteen of these are devoted wholly, or in part, to the subject of alcohol and narcotics.

One full chapter is devoted to "How Narcotics and Stimulants Affect the Brain and Nerves"; one chapter on "Alcohol and Health"; one chapter on "Tobacco and the Drugs which Injure Health"—mostly tobacco; and one entire chapter devoted exclusively to a minute description of how beer, wine, whisky, brandy, and rum are made, with pictures of the various materials used, and carefully described illustrations of whisky stills that should prove inspiring to almost any embryo moonshiner.

Yet this book is not a manufacturer's manual, but a "physiology," and the W. C. T. U. speaks of it in glowing terms. Even the modest author

(who, needless to say, is not a physician) admits that it is a good book. Yet it is simply representative of its class, and conforms to the accepted method of teaching Scientific Temperance. The following quotations, taken at random, will give some idea as to what extent the authors have corrected the defects criticised by the Committee of Fifty:

"Any one who tires his jaw by chewing tobacco is not likely to chew his food well." . . . "Now, this same busy stomach has no liking for alcohol which is in all kinds of strong drink. Just as your eye will smart and become red if something gets into it that does not belong there, so the stomach is made red and inflamed by alcoholic liquors." . . . "The old tobacco user is often cross, peevish, and liable to fits of anger." . . . "It (wine) . . . makes the muscles which mix the food in the stomach act more slowly. *Some*

of the food may sour before it gets wet with the juice." . . . "Sound teeth which will do good work in chewing food are worth more than a foot or an arm." . . . "Don't you remember how, when you have breathed the fumes of a burning match, they have irritated your throat and made you wheezy and hoarse for a few minutes? Now it is in this same way that strong drink often acts to make the voice rough and broken." . . .

The tone and character of the books "authorized" for the smaller children differs very little from those used by more advanced pupils. In the advanced courses, however, the authors tend to devote more space to therapeutics; and, not being physicians (or, at best, physicians who must "conform"), they indulge in all manner of puerile grotesqueries. Thus in one book, written for "advanced" pupils, and used in thousands of schools, ap-

pears this sentence: "The body can be made comfortable out-of-doors in cold weather, by wearing an overcoat or wrap."

In another book, such useful bits of information as the following are given: "A man is so sensitive about the dull red end of his nose that he is ready to welcome almost any device which may rid him of it." (A picture of a man having his nose treated is shown in this book.) "One pint of such liquor (referring to adulterated whisky) at one time will kill the strongest man." . . . "No cigarette smoker can attain the highest position in the world." . . . "The use of tobacco daily seems in some degree to affect the sense organs of the mouth so as to lead to a desire for strong drink."

The cause and treatment of diseases offer attractive fields for these authors. "If there is an inherited tendency to cancer," one of them asserts, "the ir-

ritation of the membranes of the mouth by the constant presence of tobacco is likely to cause the disease to break out in that place." This should be welcome news to the scientists who have as yet been unable to fathom the cause of cancer, or determine its heritability. There is, perhaps, a connection between cancer of the lip and the irritation due to the touch of pipe or cigarette; but why not state this in a straightforward way?

The same author, who appears to have a *penchant* for therapeutics, although not a physician, states that "neither whisky nor beer is of much value in curing disease." Osler, perhaps the most conservative authority in the use of drugs, recommends alcohol in the treatment of twenty different classes of disease, to say nothing of special conditions, and says, "I should be sorry to give up its use in the severe forms of enteric (typhoid)

and pneumonia." He recommends it particularly in cases of collapse; but our school-book author disagrees with the Oxford professor. "Do not give alcohol," he admonishes, in suggesting treatment for this condition. Incidentally, he assures us that appendicitis may be prevented by proper diet.

Hundreds of thousands of children in our country are having these statements reiterated to them every day. It would be interesting to know just how many parents realize that their children are spending 250 school hours in acquiring this sort of "education."

In the last analysis, educational movements and methods of any kind must be judged by results, although most educators do not believe in methods of teaching that are based upon falsehoods or deception. And yet I believe that a vast majority of persons would be inclined to deal leniently with any form of teaching, truthful

or otherwise, that would lessen the steadily rising tide of alcoholism and pernicious cigarette smoking in this country. It is the hope that something definite might be accomplished, regardless of method, that probably explains why Scientific Temperance teaching has been allowed to obtain such a grip on the schools.

It so happens that we are now able to measure the extent of this accomplishment by an accurate index—the relative consumption of liquors and tobacco since Scientific Temperance teaching has been in active operation. Government records show that in 1896, a period of unusual activity in promoting Scientific Temperance teaching, 67,039,910 gallons of whisky were consumed by the American people. The same records show that in 1913, with every public school in the United States teaching Scientific Temperance, 140,418,289 gallons were consumed. In

other words, the actual quantity of whisky used had considerably more than doubled during those years of active teaching; and we are confronted by the appalling fact that the average American to-day consumes more than five times as much liquor as did the average American of 1850.

Yet in the face of these figures, the school text-books continue to assert that "The actual quantity of alcoholic drinks consumed is steadily decreasing."

The increase in the consumption of tobacco is even more startling. The Government reports show that in 1903 the number of small cigarettes consumed was a little over 3,000,000,000. The war against this particular form of cigarette has been waged in countless pages of text-books since that time. Yet in 1912 the number of cigarettes consumed had risen to more than 13,000,000,000—four times the

number used nine years before. Meanwhile the number of cigars, which escape with scant mention in the school books, has increased only about 8 per cent.

Thus we see that despite these thirty years of most active legislation, which brought under its sway practically every American boy and girl for a period of several years, there was an increase in the consumption of the very narcotics this legislation sought to suppress, that is unparalleled in the history of the world. Judged by results, this active legislation seems to have been far more beneficial to the manufacturers of whisky and cigarettes, than to the pupils of the public schools.

"More evil will probably accrue to the next generation through this legalizing of lies than would result without direct effort for moral teaching," wrote Prof. Sewall to the Committee of Fifty seventeen years ago. "I believe

that the temperance cause is likely to be injured rather than advanced by such instruction," Dr. F. W. Ellis asserted. And now Mr. Taft sounds the warning that pupils are becoming "skeptical in respect to the whole matter."

Certainly they have grounds for their skepticism. But what will be its limits if the present methods of instruction continue?

III

LIQUOR LEGISLATION AND INSANITY*

During the past year the statement has appeared repeatedly in print that prohibition is directly responsible for the decrease of insanity in Kansas. Certain publications have asserted, indeed, that Kansas is the *only* State in which insanity is actually decreasing. If either of these statements be true the fact is of great significance. For in the United States as a whole insanity seems to be steadily increasing.

It is a well-known fact that such thickly populated States as Massachusetts and New York have a higher

* Presenting some features of an investigation recently undertaken for the *Medical Record*. Reprinted from the *Medical Record* of November 1, 1913.

percentage of insanity per capita than the group of rural States extending northward from Oklahoma to the Canadian line. But obviously this fact does not prove that Western legislation is superior.

We are not justified in assuming, for example, simply because the "wet" State New York has more insane persons per capita than Kansas, that prohibition is responsible for this difference. Yet this comparison has been used repeatedly as an argument in favor of prohibitive liquor legislation.

Any comparison to be convincing must be made between States closely similar in every particular. Kansas and Nebraska present such similarity in a more striking degree than almost any other two States in the Union. They are closely similar in size and shape and in the geographical distribution of the population, each State having a relatively thickly settled east-

ern half, while the western half is sparsely settled. They have practically the same percentage of native whites, negroes, foreign-born whites, ratio of males to females, percentage of illiterates, percentage of urban population, and percentage of increase in rural population. Neither State has any large city, and their gain in general population during the census period was practically the same, Kansas gaining 15 per cent., while Nebraska gained 11 per cent.

Obviously, then, they are strikingly similar in every important particular except in methods of controlling liquor traffic. Let us see what a comparison between their insane populations will show. According to the statistics issued recently by the Census Bureau, the number of cases of insanity committed per 100,000 population in Kansas decreased from 62.2 in 1904 to 52.4 in 1910. Meanwhile in Nebraska

there was a decrease from 62.1 (practically the same as Kansas) in 1904, to 34.5 per 100,000 in 1910. Moreover, there were fewer cases of insanity present in the Nebraska institutions than in those of Kansas at the close of the period, Nebraska having only 143.9, while Kansas had 165.6 for each 100,000 population.

It is evident, therefore, that Kansas is not the only State in which insanity is decreasing. It is not even the State in which there has been the *greatest* decrease, this last honor going to its neighbor, Nebraska. From all of which it is evident that Kansas's insanity record furnishes no basis for claiming superiority of the prohibitive form of liquor legislation.

However, in the case of such a complex problem as the relation of liquor legislation to insanity, we should hesitate to accept as conclusive evidence any single set of statistics lacking

definite corroboration along other lines. Fortunately in this instance we have such evidence in the index given by the alcoholic psychoses.

It is understood, of course, that the excessive use of alcohol may affect the mentality without producing alcoholic insanity, and that indirectly it may be a factor in producing certain forms of insanity without the usual manifestations of alcoholism. But the forms of insanity included in the well-defined group known as the alcoholic psychoses are the direct result of the use of alcohol.

It is apparent, therefore, that the number of cases of alcoholic insanity committed to the institutions of similar communities, will give a fairly accurate index to the relative amount of alcohol consumed. If prohibition is really effective, as claimed, such States as Kansas and North Dakota should have no alcoholic insanity, or, at worst,

should make a far better showing than the license States, Nebraska and South Dakota. What the records really show is as follows:

In the North Dakota hospital for the insane a little less than 4 per cent. of the patients admitted in 1910 had alcoholic insanity. In South Dakota the percentage of this form of insanity was just over one per cent. in 1912. In the Nebraska hospitals the average percentage of alcoholic psychoses admitted last year was a little over 4 per cent. Meanwhile the Kansas hospitals admitted 5 per cent. of this form of insanity during the same period.*

Thus Kansas heads the list in high

* This is the figure given by an officer of the Kansas State Hospital service after a careful study of the subject. The printed reports give this percentage as slightly lower, but the officer's estimate is probably correct. In several other instances I have been greatly aided by personal reports made by staff members, and these reports are particularly valuable, since in several institutions the printed classification of patients is wholly inadequate.

percentage of alcoholic insanity, with South Dakota trailing so far behind as to make the prohibition State seem like a veritable den of tipplers by comparison.

But perhaps the most significant thing shown by a study of the records is the fact that Kansas had an actual *increase* in the alcoholic psychoses during the last three years—at the very time when prohibition was "being more rigidly enforced than ever before."

There is another index to the relative consumption of spirituous liquors which may very properly be considered. This is the percentage of cases of paresis to the total insane population. We know, of course, that syphilis, not alcohol, is probably the direct cause of the disease. But this does not alter the long-known fact that alcoholism and venereal diseases are usually concomitant conditions. Indeed, there are eminent psychiatrists who maintain

that alcohol is at least indirectly productive of paresis, judging from the prevalence of paresis in communities addicted to alcoholic excesses.

We should expect, therefore, that in communities where there is a high rate of alcoholic insanity there will be a high percentage of paresis, and vice versa. It is not an absolute index in either case, of course, but an examination of the records of a large number of institutions show that this evidence is at least strongly confirmatory.

We should expect to find, for example, in the Manhattan State Hospital, which draws its patients from New York City and has a high percentage of alcoholic psychoses, a far higher percentage of paresis than in the rural State of Iowa. And we do actually find that during the last five years there has been an average percentage of about .12 of paresis to .09 of alcoholic psychoses in the Manhattan hos-

pital, as against .06 of paresis to about .05 of alcoholic insanity in Iowa during that period.

It is significant, therefore, to find that North Dakota in 1910 had about 2 per cent. cases of paresis to about 4 per cent. alcoholic psychoses; South Dakota, paresis about 2 per cent. to alcoholic psychoses one per cent. in 1912; Nebraska, paresis a little over 6 per cent. to alcoholic psychoses something over 4 per cent.; and in the Topeka hospital, which I am assured by its officers is representative of the State, paresis 8 per cent. to alcoholic psychoses 5 per cent.

Here again, then, Kansas leads her group of States in high percentage—completely overshadows them in paretic population. Moreover, just as in the case of alcoholic psychoses, the records show a steady increase of paresis in Kansas during the same period in which there has been a fairly uniform

decline of this disease in each of the other States except Nebraska. Yet even in Nebraska the percentage of paresis to the total insane population is far less than in Kansas.

It is evident, therefore, on the basis of Government statistics showing the decrease of insanity in the different States, and the records of the various State hospitals as to the relative number of cases of alcoholic insanity and paresis, that there is no justification for the claim that Kansas's "prohibitive" form of legislation lessens the amount of insanity.

On the contrary, the facts seem to substantiate the claims of the license advocates that in prohibition States the relative consumption of spirituous liquors is increased, and the amount of malt beverages diminished. For whisky, not beer, is the cause of most alcoholic psychoses.

It has been suggested that the rela-

tively small number of insane in this group of Western States "may be simply an evidence of how poorly these unfortunates are cared for." But such a suggestion is entirely unwarranted. The Western hospitals for the insane, individually and collectively, make as good a showing in every particular as any group of similar institutions in the East.

The work done in the State Hospital for the Insane at Topeka, for example, and the hospital itself, compares favorably with any of the New York institutions. The superintendent, Dr. T. C. Biddle, a veteran in psychiatry, is a man of progressive ideas and unusual executive ability. In addition, he has the rare faculty of "putting the right man in the right place," as illustrated by the work done by the members of his staff.

The hospital itself affords opportunity for the most advanced methods of

studying and treating insanity. The new Psychopathic Hospital, completed last year, is one of the best in the country. It is the result of Dr. Biddle's long and careful personal studies of similar institutions, East and West, and represents a combination of all their good qualities. Its equipment is complete, and the methods of observing and recording cases are thorough and systematic.

The laws governing the commitment and care of the insane in Kansas, while unfortunate in some respects, are good as a whole and growing progressively better, thanks to the efforts of such men as Dr. Biddle and Mr. Harry C. Bowman of the Board of Control.

Mr. Bowman has recently prepared a bill providing for the examination and treatment of voluntary patients at the State hospitals that might well be copied by our Eastern States. The effect of this bill will be to bring the

members of the hospital staffs in contact with cases of incipient insanity at the time when preventive measures may be effective, and before the disease has reached a stage necessitating commitment. This will be a noteworthy step in practical mental hygiene.

I mention these things as illustrating how keenly alive Kansas is to the importance of properly caring for the insane. And Kansas is no more so than Nebraska, or the Dakotas. So that the suggestion that the low insanity rate is due to ignorance or indifference may be discarded.

The real explanation seems to be that the people and their surrounding conditions are different from those in the East—a higher type of people on the average, with much better surroundings. Most of them are native Americans, and, as compared with the East, live in comfortable circumstances. Great wealth and distressing poverty

are unusual conditions there, and the average general intelligence is much higher than in most Eastern States.

This last fact is shown conspicuously in the character of the inmates of Western insane hospitals, who present a striking contrast to the inmates of the New York or Massachusetts hospitals. The degraded, disgusting types that are the product of city slums are wanting; and the class of ignorant foreigners that congests our metropolitan hospitals is practically unknown.

So we are justified in believing that Kansas and her sister States should thank general conditions, rather than any special form of liquor legislation, for their relatively small insane populations.

IV

THE LIQUOR QUESTION IN MEDICINE*

At a recent meeting of the World's W. C. T. U. doctors were severely criticised for using alcohol in any form in their practice, and it was seriously suggested that efforts be made to have a law passed forbidding them to do so. Of course, the implication in such a suggestion, aside from the obvious one that physicians are not the best judges of how medicine should be practised, is that medical men are opposed to the cause of temperance. From the printed records of their teachings, however, it should be apparent, even to very confirmed faddists, that physicians, individually and col-

* Reprinted from the *Medical Record* of April 4, 1914.

lectively, have always been ardent advocates of temperance. Every textbook dealing with the causes of disease points out the evils of alcoholic excesses. Indeed, the medical textbooks now in existence probably constitute the greatest temperance library in the world. The methods of the creators of this great library may be questioned, but not their motives.

Moreover, physicians are ready to accept any method of combating disease if such method can be shown to be effective. So that if the various organizations that advocate prohibitive liquor legislation could show encouraging results there is no doubt that medical men would look less askance at their methods.

These advocates of prohibition, through such organizations as the W. C. T. U., the Scientific Temperance Federation, Anti-Saloon League, etc., have had a quarter of a century

in which to demonstrate the worth of their theories in actual practice. Largely through their efforts all States have passed laws "requiring the study of scientific temperance" physiology and hygiene, and in some States at least the law requires oral teaching of these two last branches for "children as yet unable to read." Furthermore, prohibitive legislation against the liquor traffic has increased to such an extent that at present fully one-half the people of the country are said to be living in what is claimed to be "dry" territory. So that all school children are now taught the dangers of excessive alcoholic indulgence, and half the adult population of the country is forbidden to obtain liquor except by unusual and complicated methods of barter. Surely such sweeping legislation ought to get results.

But in the face of this legislation we find at the present time that more

than twice the amount of whisky is consumed annually in the United States that was consumed seventeen years ago.[1] More liquor is consumed per capita to-day than ever before in the history of our country. And the diseases that are known to be caused by alcoholic excesses appear to be increasing rather than diminishing. Moreover, the Government statistics[2] for the last census period show that certain diseases which are attributed to excessive alcoholic indulgence, directly or indirectly, have increased more in the group of States where prohibitive legislation existed at the close of the period, than in the United States as a whole.

Thus, according to this report, there was a gain of 4.4 insane persons per 100,000 population, committed to the institutions of the country during the census period. But during this same period the gain in the eight prohibition

States was 7.3 per 100,000—almost twice the gain in the country as a whole. Moreover, the greatest gain in any State, with a single exception, was in prohibition Maine, where the number of insane increased 21.2 for each 100,000 inhabitants, while "wet" Nebraska holds the record at the opposit extreme with a decline of 27.6 per 100,000 during the same period. When we add to these facts that the record for homicides in 1912 went to Memphis, in prohibition Tennessee, with 64.3 homicides per 100,000 population, as against license Philadelphia's 1.4[3] (the lowest record of the year); that Bangor, Me., a prohibition city for thirty years, has a record of arrests for drunkenness in that year of one to every nine inhabitants,[4] and that Kansas, the veteran standard bearer for prohibition, has more insane than seventeen of the "wet" States scattered across the country, and

more paupers and convicts than her unregenerate neighbor, Nebraska,[5] the results of prohibitive legislation are not encouraging, to put it mildly.

"Moderation is no definition of temperance," said an enthusiastic feminine speaker at the World's W. C. T. U. meeting a few weeks ago. She might have added, "Neither is prohibition."

This record of the increase of certain diseases and conditions influencing diseases flourishing most in territories directly under the rule of prohibition, without any evidence that there is a compensating decrease of any diseases in such regions, does not tend to increase the confidence of thoughtful physicians in the methods employed. Indeed, some of the unscientific, "scarehead" methods used by some of the societies interested in promoting prohibitive legislation depart so far from established methods of presenting

scientific truth that they repel rather than attract most medical men.

The term "unscientific methods" includes such things as stating only one side of a case when the facts on the other side are available, presenting as facts things still open to question, and accepting statements without due scientific caution.

For example, in a recent pamphlet,[6] prepared by the Scientific Temperance Federation of Boston the statement is made that "alcohol carries off 1,662 adults every nine days all the year round in the United States." As a matter of fact, the document upon which this assertion is based[7] makes no such dogmatic statement, but offers the "estimated" death rate as a tentative approximation of the numbers, which is quite a different matter. Any estimate must necessarily be only tentative, since the facts at our command

do not warrant dogmatic positive statements given in exact figures.

It has been repeatedly stated by such men as the late Dr. J. S. Billings and Mr. John Koren, both of whom were actively engaged in the work of investigating the subject by the Committee of Fifty, that there are no reliable data on the mortality of alcohol in the United States. For the causes of many diseases are still unknown, and what appears to be an etiological truth to-day may be branded as false to-morrow by some fresh discovery.

The recent discovery of the cause of paresis by Drs. Moore and Noguchi [8] offers an example, and it so happens, applies directly to the case in hand. Paresis is included in the "tentative approximation" of death from alcohol, yet we know now that the disease is caused by the specific germ of syphilis. Paresis is uniformly fatal, rep-

resents some 12 per cent. of all forms of insanity, and figures conspicuously (about 7,000 deaths annually *) in the death rate among the quarter of a million insane persons in the United States. It is obvious, therefore, that the discovery of its cause alters very materially even tentatively approximate death rate estimates. It also confirms the statement of Dr. Billings and Mr. Koren, and refutes any dogmatic statements made hitherto as to the number of deaths from alcohol which included paresis as an alcohol-produced disease.

Another statement in this same publication is an example of the lack of scientific caution exhibited by lay enthusiasts in accepting as facts what clinicians would regard only as probabilities or possibilities. Thus, an esti-

* These figures are based on the Twenty-fourth Annual Report of the New York State Hospital Commission, Albany, 1913.

mate is given that "30 per cent. of the deaths from Bright's disease" are caused by alcohol. We may overlook the indefiniteness of the term "Bright's disease" (although a physician would hesitate to use the term in print without explanation), but the statement suggesting the exact percentage of deaths caused by "Bright's disease" is much too dogmatic, for clinical observations and recent post-mortem findings do not warrant precise statements about etiology in this class of diseases.

Thus, "Fahr in a series of 309 autopsies on chronic alcoholics" found that "chronic nephritis caused the death of but eight cases, and was less commonly noted than in hospitals with patients of a better class." That "arteriosclerosis was apparently less common than in bodies of non-alcoholics of corresponding age." And "Baumgarten [9] found cirrhosis of the liver in only 6 per cent. of autopsies

among hard drinkers." All of which seems to raise the question as to whether rich foods, sedentary habits, mental states, etc., do not play a part sometimes attributed to alcohol, and perhaps explains the opinion of Dr. Emery, of the Manhattan Life Insurance Company, that "a man who is an over-eater is not likely to live as long as some excessive drinkers."

The examples of positive statements just given show the lack of scientific caution exhibited by some of these partisan organizations in their literature. Sooner or later their methods are sure to react upon them—as we may judge by general results—and create skepticism as to the value of any of their statements or their methods.

Another method that is open to criticism—one that suggests the authorship of politicians rather than that of scientists—is that of taking only a few specific cases and presenting them

so that they will impress the uninitiated as representing accepted general truths.

It is quite possible, indeed, that the originators of this plan, rendered myopic by enthusiasm and lacking scientific training and clinical experience, believe that their isolated examples do really represent general truths. But this sort of ignorance will not tend to increase the confidence of serious investigators.

Thus, on a chart [11] done in colors the results of an investigation made by Prof. Demme [10] in Berne the number of defective descendants of ten "very temperate" and ten "intemperate" families are indicated. The summary of the results shows that only 17.5 per cent. of the descendants of the intemperate families were normal, while there were 82 per cent. normal descendants of those classed as the very temperate families.

The facts given in this chart are interesting in themselves. But no scientist would use them, either in a general way or as pointing to any fixed relation between alcoholism and mental defects, without offering for comparison the findings of the Francis Galton Laboratory for National Eugenics, made on a much more comprehensive scale at a later date and under the direction of Prof. Karl Pierson, an investigator of first magnitude in this field of research.

For the number of families examined by the Galton Laboratory investigators were counted in hundreds, not merely tens, the investigators themselves were trained observers, and from their character no one can accuse them of prejudice in favor of alcoholism. The epitome of their findings, quoted from the Memoir,[11] is as follows:

"The mean weight and height of

the children of alcoholic parents are slightly greater than those of sober parents. . . ."

"The general health of the children of alcoholic parents appears on the whole slightly better than that of sober parents. Parental alcoholism is not the source of mental defect in offspring. The relationship, if any, between parental alcoholism and filial intelligence is so slight that even its sign cannot be determined from the present material."

In short, these findings show utterly different results and convey an entirely different impression from the Demme chart. Many persons will, of course, question the import, if not the facts, of the Galton Laboratory observations. But no sincere seeker for truth can disregard them to the extent of exhibiting the Demme chart alone, or any similar chart, without laying his methods open to just criticism.

The findings of the Galton Laboratory in the same field of investigation, the mortality of children of drinking mothers, also illustrates the necessity of exercising extreme caution in jumping to general conclusions from the observation of a few special cases.

Two specially prepared and copyrighted charts, showing the number of children of alcoholic mothers that died before reaching two years of age, have been exhibited in various places recently by one of the "scientific" temperance societies.[12] On these charts in which the dead babies are represented as dolls in black dresses, while the living are dressed in white, the death rate among the children of drinking mothers is given as 55 per cent.—fifty-two mournful little black dolls grouped in the center of the picture; while on a similar chart the mortality of children of sober mothers is shown to be 23 per cent.

In an investigation similar to the one forming the basis for the doll chart, but conducted on a much more comprehensive scale, the Galton Laboratory investigators found the death rate among the children (of all ages) of the Manchester mothers amounted to 26.5 per cent. of the children of sober mothers, while 33.8 per cent. of the children of drinking mothers died prematurely.

According to both these reports, then, it appears that the alcoholic mother will have more of her offspring die in childhood than will the sober mother. But there will be no such wide difference as given in the black doll chart. Moreover, the Galton investigators found that the drinking mothers evened up the net results by bearing more children than their sober neighbors—a statement that should be of particular interest to one of the eminent ex-officials of our country who is

greatly interested in the race suicide problem.

When we consider certain demonstrated facts about liquor legislation, liquor consumption, and baby mortality, it becomes apparent at once that a study of the subject of relationship between these conditions, if any, will lead to curious and bewildering complications. During the last quarter of a century 50 per cent. of the country has become prohibition. During this same period the amount of alcohol consumed has more than doubled; and meanwhile the death rate among babies has steadily declined. So that at present we have more prohibition, more liquor, and more living babies. It is obvious, therefore, that any statement that suggests any single cause as having produced this apparently anomalous condition is necessarily at once open to challenge.

The advocates of prohibition are re-

sponsible beyond a doubt for the increase in prohibitive legislation; the people as a whole are responsible for the increased consumption of liquor; and doctors must be credited for the reduction in infant mortality. So that we have at least three factors for consideration.

However, without attempting the difficult task of solving so complicated a riddle, we can put a finger upon one fact that undoubtedly has considerable bearing upon the increase of certain diseases attributed to alcohol. This is that the consumption of the injurious spirituous liquors has increased more than that of the milder beverages,[13] and that, owing to their relatively small bulk, such liquors seem to be used in greater quantities proportionately in prohibition territories. In their vilest, most deadly fusel-oil form they constitute the principal ammunition of the ubiquitous "suitcase peddler" in the

"dry" regions. And no one questions that these deadly concoctions influence very materially the general mortality statistics.

I have before me a series of charts issued and widely exhibited by one of the societies referred to a moment ago. Some of them represent universally accepted truths. Others present facts that may be accepted as representing certain phases of the liquor question. While still others could not be accepted by physicians as giving a fair presentation of the subjects they represent. As a whole they show that the authors lack the knowledge of practical psychology, which is the keystone of every physician's success, and have not caught the spirit of modern educational methods. For they aim to teach by gross exaggeration—a method that most educators condemn as archaic.

In effect, the promoters of radical liquor legislation, or at least the sin-

cere ones not dependent upon political constituency, assume that most men would become alcoholics if given free access to drink. Yet most men do have such free access, and very few of them become alcoholics.

To clinicians and students of heredity, however, it is becoming more and more evident that the really important factor in producing insanity, alcoholism, drug psychoses, etc., is a deeply seated hereditary defect, not merely the result of environmental conditions. In short, that the alcoholic is a person quite different from the man who occasionally takes a glass of beer. Dr. Thomas W. Salmon has expressed this view in the single sentence: "In a world of drinkers the alcoholic is an abnormal type." [14] Dr. M. J. Rosenau expresses the same sentiment in another way: "It is necessary to recognize that what may be inherited is not the result of alcoholism, but rather the

disposition that led the parent to become alcoholic." [15] And the Galton Laboratory offers the same conclusion in the sentence, "If, as we think, the danger of alcoholic parentage lies chiefly in the direst and cross-heredity factors of which it is the outward and somatic mark, the problem of those who are fighting alcoholism is one with the fundamental problem of eugenics." It also expresses the fear that "it will be long before the temperance reformer takes this to heart."

The recently organized societies for promoting practical eugenics are based on such conceptions of the relationship between heredity and disease. And these organizations are just as pronouncedly advocates of temperance as the older and more intolerant societies, even though they do not advocate radical legislation. Like the older organizations, they attempt to "strike at the root of the evil," but, unlike them,

they distinguish between roots, and branches and twiglets.

The method of attempting to suppress any vice by trying to keep it under lock and key has never proved effective. For perverse human nature seems to crave the thing forbidden it, and will find ways to satisfy the craving. It is also a human failing to court mysterious dangers that are painted too black—a thing that poets and physicians discovered long ago. And laws that are formulated without due consideration of these fundamental elements of human nature are destined to failure in application. Here is a plausible explanation of why radical legislation has failed to check the steadily rising tide of alcohol.

In outward form, at least, the methods of the older "uplift" societies of attempting to teach by exhibiting charts, resembles the methods adopted by the newer societies. In a general

way many of their charts are similar to the excellent ones prepared by such organizations as the National Committee for Mental Hygiene, for example. Similar, but with one radical difference—they are open to challenge. And thoughtful physicians, at least, have learned to look askance at any method that will not stand the acid test of close scrutiny.

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V

WHAT SHALL WE DO ABOUT IT?*

THE scientific tests of recent years have shown us pretty definitely what alcohol does to the human body. It becomes an increasingly important question as to what humankind can do to alcohol.

There is a general impression that our ancestors of two or three generations ago were very heavy drinkers and that the use of alcohol in our generation is on the decline. Unfortunately, statistics do not support the latter impression.

It appears that in 1850 the annual per capita consumption of alcoholic beverages in the United States was

* An address delivered at the National Conference on Race Betterment, at Battle Creek, Michigan, January 10, 1914, by Dr. Henry Smith Williams.

4.08 gallons; in 1860 it had risen to 6.43 gallons; in 1870 to 7.70 gallons; in 1880 to 10.08 gallons; in 1890 to 15.53 gallons; in 1900 to 17.76 gallons; in 1910 to 22.19 gallons; and in 1913 to more than 23 gallons.

Seemingly, then, the average American in 1913 consumed more than five times as much liquor as did the average American of the year 1850.

Stated in the baldest and simplest terms, that appears to be the net result of sixty years of effort to combat alcohol.

[The speaker outlined in detail the facts as to the increase in the consumption of spirituous beverages in recent years,—the increase, for example, in the consumption of distilled liquors from 70, 725, 745 gallons in 1896 to 140, 289, 424 in 1913. He then proceeded as follows:]

LEGISLATIVE CONTROL OF THE LIQUOR TRAFFIC

The facts just presented are independent of any theory as to the con-

trol of the liquor traffic. They are simply facts as to production and consumption of alcoholic beverages.

But it is not without pertinence to consider these facts in relation to the legislative efforts that have been made to control the liquor traffic. The most important of these legislative efforts is known to every one as the Prohibition Movement.

In 1880 Kansas incorporated prohibition in its State Constitution by public vote. Maine followed four years later, and North Dakota in 1890. These three States have remained loyal to the prohibition laws throughout the intervening period.

The new wave of interest in statewide prohibition which has made itself felt within very recent years manifested itself in the South—the region that had not tried it before. Georgia and Oklahoma legislated statewide prohibition in 1907; followed in 1908

by Mississippi and in 1909 by North Carolina and Tennessee.

In South Carolina an attempt to control the liquor traffic was made by the passage of a Dispensary Law, through which the liquor traffic was put in the hands of the county authorities, as long ago as 1892.

Liquor legislation in the remaining States has chiefly taken the form of local option laws. So many communities have local option in some of their counties or cities that the total population under "dry" territory at the present time is estimated at not short of forty million people.

It should be understood, however, that the "prohibition" laws do not necessarily bar the shipment of liquor into "dry" territory, even though it may not legally be re-sold there. To illustrate this, let me cite facts as to the official shipment of liquor into two regions, one of them in Kansas, a

State that has been under general prohibition for thirty-three years, the other in North Carolina, where prohibition has been on the statute books since 1909.

The Mahin Liquor Law, passed by the most recent legislature in Kansas, requires railroad and express companies to file reports of all intoxicants shipped into the State. Examination of the files in the office of the County Clerk of Shawnee County, in which the city of Topeka is located, shows that in the month of September, 1913, the shipment of liquor officially reported amounted to 95,561 quarts, of which 90,062 quarts were received in Topeka—a city of 45,000 inhabitants—just half a gallon for each man, woman and child. It is reported that the little town of Tecumseh, with a population of less than 100, received 1,627 quarts—equivalent to 48 gallons per capita per annum.

As to the North Carolina community, the facts I would cite relate to the town of Asheville. A recent investigation showed that there was shipped into Asheville by express, in gallon lots, no less than four thousand gallons of distilled liquor in a period of ten days. This is equivalent to one gallon per family for the entire community—in ten days. Yet there is not a saloon operating in Asheville.

In the same connection it may be of interest to consider the operation of the Dispensary Law of South Carolina. The published notice calling for bids for liquor issued by the Dispensary Board of Barnwell County, Dec. 10, 1913, chances to be before me.

It appears that the call is made for 4,610 barrels of distilled spirits, and for only 576 barrels of bottled ale and beer—the beer being deliverable in pint bottles.

The population of Barnwell County

in 1910 was 34,209. As the population had decreased about 1,300 in the preceding decade, we may fairly assume that the present population is not more than 35,000. On this basis the distilled liquor called for amounts to slightly over four gallons per capita. Meantime, the beer and ale amount to only one quart per capita.

The influence of the Dispensary Law in promoting the consumption of ardent spirits and diminishing that of the malted beverages would seem to be very pronounced.

In general, it would appear that if our legislators of recent years had been in league with the distiller they could not have served his purpose better.

EXPRESS TRAFFIC INTO PROHIBITION TERRITORY

As further illustrating the general effect of recent legislation, the finding

of an investigation conducted by the Interstate Commerce Commission, decision on which was rendered June 20, 1911, has interest and significance.

The investigation grew out of complaints about express charges. The commission, in filing its report, made comment on the growth of the mail-order liquor business. This business, it is stated, had its beginning about a quarter of a century ago. "At that time it was of small proportions, very few packages being shipped, and those only to a short distance. It was the spread of the Prohibition movement that gave vitality to this character of traffic in liquor."

The report goes on to state that as local option drove the dealers from localities where they had carried on retail business, they settled on the outskirts of the proscribed territory and shipped liquor into it. As the prohibitive areas spread the shippers were

driven farther and farther back, but their business covered wider territories and increased largely in volume. With statewide prohibition came the interstate traffic in liquor.

The report states that it is impossible to determine with entire accuracy the extent of the business, but it makes an estimate, based on figures presented by the Southern Express Company, and reaches the conclusion that "the entire volume of this traffic, going entirely to consumers and not to dealers, is in excess of 20,000,000 gallons per year."

It is stated that the largest shipping point for liquor in the South is Jacksonville, Fla., which "sends out between three and four thousand packages of one or two gallons daily, or a total of about one and one-half million gallons a year. Chattanooga ships about 786,000 gallons; Richmond, 546,720 gallons; Petersburg, 268,128; Pensa-

cola, 267,760; New Orleans, 255,856; Augusta, 215,150; and Norfolk, Va., Cairo, Ill., Emporia, Va., Louisville, Ky., Portsmouth, Va., Roanoke, Va., and Savannah, Ga., ship more than one hundred thousand gallons each annually. The total annual amount indicated in this restricted area, almost entirely from three or four states in the South, is 6,085,264 gallons."

It is of peculiar interest to note that three of the chief shipping points, including Chattanooga with its shipment of 786,000 gallons, are themselves located in prohibition territory.

A further comment of the report of the Interstate Commerce Commission is of sinister significance:

"The movement is much more active in the South than in other sections of the country, partly because of the extent of the prohibition territory in that section, partly because of the large quantities of very cheap whisky

manufactured and shipped there for the consumption of the negro population. While it is not the function of this Commission to be influenced in its conclusions by the moral aspect of the question, it is impossible not to recognize in this traffic one of the important factors in the race problem of the South—the evil spirit back of that problem in more ways than one."

This very significant finding of the Interstate Commerce Commission may be supplemented by the results of recent investigations which show a very rapid increase in the use of drugs, notably cocaine, in prohibition territory in the South. The negroes and poor whites who are unable to secure money enough to send for liquor, or who have not intelligence and enterprise enough to do so, find substitutes in various patent medicines, and in particular in the use of cocaine, which is peddled in pill-boxes by newsboys,

and otherwise distributed through numberless underground channels.

This rapid extension of the use of narcotic drugs in the Prohibition States of the South is another complication back of the race problem. Legislation that has led, however unintentionally, to such results, is of very doubtful utility.

WHY PROHIBITION FAILS

The simple fact is that legislation covering such a topic as this has no significance except as it is supported by the opinion of an intelligent majority in the community. And this principle in itself sufficiently explains the failure of state-wide prohibition wherever it has been tried.

It may well be doubted whether there is or has been at any time a state in the Union in which a majority of the voting population were abstainers from the use of alcohol or believ-

ers in prohibition as applied to themselves.

Prohibition laws have been passed because a voting majority of the citizens have thought it desirable to close the saloons, hoping thereby to restrict the sale of liquor to the comparatively small but very obnoxious minority who are made mentally and morally aberrant by its use.

In the Southern States, in particular, it is scarcely pretended that a large proportion of the population has any intention or desire to abstain from the use of alcohol. The thought is simply that by passing prohibitory laws it may be possible to keep liquor from the poor whites and negroes. Care is taken to have the laws so framed that the more intelligent and prosperous members of the community shall incur no difficulty in securing whatever liquor they desire.

Insofar as the intention of the pro-

hibition laws is to keep liquor from individuals who are made asocial by it, their object is not only justifiable but highly commendable. The fact that such laws constitute class legislation is no valid objection to them, when we consider that the class discriminated against is the one that becomes a menace to society through the use of alcohol.

But the great difficulty is that prohibitory legislation does not, in point of fact, effect the object thus contemplated. The individuals whom it is designed to protect against their own appetites are precisely the ones who refuse to be thus protected. By hook or by crook they will secure alcohol. The legalized channels being closed through which liquor that at least had the merit of purity might have been obtained, surreptitious channels are found through which to secure liquor of inferior quality. If the amount of

this is in some cases restricted, its bad quality more than balances the restricted quantity.

JUDGED BY ITS EFFECTS

The crucial test of this is found in the records of police courts, prisons, asylums, and almshouses. I have recently made an extensive investigation, the results of which are soon to be published, which has fully convinced me that the net effect of prohibitory legislation is to increase the prevalence of crime (including homicide), insanity, and pauperism. Illicit stills spring up in prohibition States; liquor of the worst quality is everywhere dispensed surreptitiously; and the easily transported drugs, morphine and cocaine, supplement the effects of the bad liquor.

Whether the investigation is made in Maine and Kansas, which have had state-wide prohibition for a genera-

tion, or in Georgia and the other southern States that have recently come under the alleged "dry" regime, the results are the same—the evil effects of alcohol are demonstrably more in evidence in the prohibition territory than in surrounding territories where an attempt to control the traffic is carried out along more rational lines.

In Nebraska, for example, where a "sunset closing" law has applied to the saloons for a number of years, the records of police courts, prisons, asylums, and almshouses are all more favorable than the corresponding records of the contiguous prohibition State of Kansas.

[After considering certain proposed measures of repression looking to country-wide prohibition, and stating his reasons for regarding them as Utopian, Dr. Williams proceeded to outline what he described as an evolutionary programme for the amelioration of the existing conditions and the ultimate solution of the liquor problem, as follows:]

GIVE RATIONAL TREATMENT TO THE DIPSOMANIAC

We must especially give heed to the treatment of the individual members of the community whose imbibition of liquor leads to their own undoing, and makes them aberrant members of society.

"The chief risks of alcohol," says Dr. Clouston, "are two things, namely: First, a nervous constitution of brain, which is usually due to heredity; and second, social habit, which is the dominant factor in the physiological and psychological life and conduct of all men and women."

We shall not get far in our attempt to combat the evils of alcohol until our laws fully recognize that this "nervous constitution of brain, usually due to heredity," is the real explanation of the existence of the dipsomaniac. We must understand that alcoholism,

which is the cause of so much social and economical disaster, is itself an effect.

The normal man would not become a drunkard though the choicest brands of liquor ran free in the fountains at every street corner.

The man with the squint brain will get liquor if he has to go through fire and water for it.

Let the recognition of these differences between the normal brain and the defective brain guide us in our proposed reforms.

We are obliged to recognize that there is an important minority of adults in the community who, either through inherited weakness or through acquired habit, have a lust for alcohol against which no argument can prevail. The case of the man Leehan, recently tried for murder in New Jersey, who was brought to the shadow of the gallows by the abuse of alcohol, and

who had a year in jail in which to reform and make good resolutions, yet who was arrested for drunkenness and disorderly conduct within twenty-four hours after his acquittal on the murder charge, furnishes an extreme but typical example.

Such men are absolutely powerless to resist the impulse to drink. Mere education or instruction as to the evils of drinking can do nothing for them.

And it is cases of this character that really give the alcohol problem prominence as an economic and social evil of the very foremost significance.

The possible reform that seems to lie nearest to hand looks to the treatment of these individuals who are victims of the lust for alcohol. At present our treatment of the dipsomaniac is grotesquely ill-advised and irrational. We arrest him and send him to jail for a few days or weeks, and then release him, knowing that he will immediately

become again an aberrant and disturbing element in the community.

We must modify our methods of dealing with the dipsomaniac in such wise as to give him an opportunity to recover self-control. Segregation in a proper institution for a term of years is the only solution that at the moment can be depended on.

There are alleged drug cures for dipsomania, and there is a certain amount of medical testimony to the efficacy of some of them. These alleged cures should be investigated officially and any of them found of value should be brought under Government control. If means can be found to cure the dipsomaniac, even in a small proportion of cases, in a term of weeks or months, this will be obviously important both for the individual and for the community.

Failing such rapid cure, the afflicted individual must be segregated for a

term of years and given such treatment as will best tend to effect a cure.

All questions of punishment should be eliminated from the judicial mind; but the absolute necessity of segregation for a long period should be fully recognized and no mawkish sentimentality should be permitted to interfere with its rational carrying out.

SHIELD THE ADOLESCENT

Another great principle that must never be lost sight of is that, in its final aspects, the liquor problem is preeminently a problem of adolescence.

The cumulative effects of alcoholic poisons frequently fail to declare themselves fully until late in life; but the youth who does not taste liquor until his majority minimizes the danger of acquiring the habit in its most insistent form; and the man who does not drink until he is thirty is in no great danger of ever becoming a drunkard.

In other words, the immature nervous system is peculiarly susceptible to the effect of alcohol. Even a brain of good heredity may be perverted in its immature period by the influence of the drug; and the brain of doubtful heredity is almost certain to be seriously damaged if alcohol comes to it then.

As to this, there is no difference of opinion among authorities.

It is all-important to remember, however, that most youths have no real craving for alcohol. In the majority of cases they begin drinking in a merely imitative way, because they see their companions and associates drinking, or because they suppose it to be a "manly" thing to follow the example of their elders. In many cases they are ignorant of the dangers that they incur.

It follows that the most insistent effort should be made to keep alcohol in every form from the youth. No

reform movement can hope to be effective that does not have this ideal for one of its guiding principles.

But I would urge the fundamental principle that real safety must come through the development of self-control and self-reliance in the individual, rather than through the attempt to make it absolutely impossible for the youth to secure alcohol.

The latter is an impossible ideal; the former is in accord with the fundamental principles that underlie the development of civilization itself. Bacon's celebrated maxim to the effect that "the virtue which requires to be ever guarded is scarce worth the sentinel" expresses a profound truth.

CONTROL THE SALOON

We come finally to the question of the control of the liquor traffic at the point of its final distribution.

If we search for a principle of ac-

tion here, it may be found in the recognition of the fact that for the generality of normal people the use of alcohol is a social habit, and that therefore the restriction of its use must come about through the medium of modified social habits, if at all.

Concretely interpreted, this means that if we are to oust the saloon, we must provide substitutes for it that more than compete with it in attractiveness.

I have elsewhere commended a system of legislation which originated in Sweden, and which has for its basal principle the idea that the liquor traffic should be removed from private control, so that no individual has financial reason to promote it; with the further proviso that all profits accruing from the conduct of municipal saloons are to be applied for the purpose of developing and promoting counter attractions to the saloon.

One's estimate of the soundness of the first named principle must depend on one's conception of the proper limitations of the Government as regards paternalism. The question need not be argued here because there is not the remotest probability that the saloon will be taken over by the state in this country in the near future; and I wish to speak of practicalities that are feasible in the present.

What I suggest, then, is a modification of the principle just outlined to the following effect:

(1) Let the saloons remain under private control, like other commercial enterprises, but grade the licenses on the Scandinavian plan, and let a far higher license be exacted from those handling distilled liquors.

Let there be strict regulations about the sale of liquor to minors and drunkards. Give to each licensee an official list of persons arrested for intoxica-

tion, and let the sale of liquor to such persons be absolutely enjoined for the term of at least one year after such arrest.

Revoke absolutely the license of any dealer who disobeys this prohibition or the prohibition against the sale to minors.

(2) Let the revenue thus derived by the municipality be utilized exclusively for the promotion of public utilities calculated to serve as counter attractions to the saloon.

PROVIDE SUBSTITUTES FOR THE SALOONS

In providing such substitutes and counter attractions, all organized charities and philanthropic bodies should co-operate. The churches in many places have already made a start in the right direction, but they usually do not work in co-operation and they are hampered by lack of funds.

If the municipality were to provide

the foundation for amusement halls and reading rooms and gymnasia, the joint efforts of philanthropic bodies should be able to promote these on a scale commensurate with the public needs.

The familiar phrase that "the saloon is the poor man's club" must furnish a guide to the reformers.

They must provide a substitute club that can more than compete with the saloon.

It is at least an open question whether it will not be necessary to serve malted beverages along with soft drinks in the refreshment department of the entertainment halls. If this is done, of course any profit accruing will be utilized for the betterment of the amusement hall itself.

I have hitherto expressed the opinion that perhaps the most important single department of the workingman's club that would thus be provided as a

substitute for the saloon would be the gymnasium, and I would emphatically reiterate that opinion.

The educative value of a properly equipped gymnasium cannot well be overestimated. Vigorous physical exercise—competitive exercise in particular—affords the most wholesome outlet for the pent-up energies of youth. Even a modest gymnasium may afford ample facilities for boxing, wrestling, hand-ball, fencing, vaulting, to say nothing of non-competitive exercises.

The participant in these sports has opportunity to learn, from observation, that the men of greatest athletic prowess hold their titles to supremacy contingent upon abstinence from intoxicants.

Thus the gymnasium, aside from its indirect influence, supplies direct object lessons in the value of temperance and—what is perhaps still more im-

portant—tends to establish new ideals of manliness.

I must not here attempt to outline any other details as to the conduct or influence of the social centers thus proposed. Suffice it that, as it seems to me, they could be made to fulfil two great desiderata, namely: (1) the supplying of a place where men and women could congregate for social intercourse under pleasant auspices, and (2) an educational influence that would include young and old alike.

Such a program, it seems to me, coupled with the rational treatment of the dipsomaniac, would constitute at least an important step in the right direction. It will not appeal, of course, to those who consider no bread to be better than half a loaf, but it may appeal to students of social progress who believe that civilization should advance by evolution rather than by revolution.

PROBLEMS OF A NEW RACE

In conclusion, let me say that the need of a rational handling of the liquor problem was never so urgent in America as it is to-day; because our race is changing more rapidly than any race, perhaps, ever changed before.

We are introducing new blood from southeastern Europe, through what is doubtless the greatest migration that ever occurred in the history of the world; and modern science is saving the weaklings of our generation who hitherto would have been ruthlessly removed by disease.

As Professor W. Bateson recently declared: "The whole force of modern science and legislation has hitherto been exercised in the preservation of the defective strains in our midst." Professor Bateson makes the remark in explanation of the increase of in-

sanity in recent decades. It applies with equal force to the increase in other defects of personality.

Making application to the case in hand, it gives us assurance that we are raising to-day a larger percentage of individuals who will crave alcohol than any previous generation has had to contend with. So it is pre-eminently true that the way in which we treat the adolescents of to-day will largely determine the character of the civilization of the America of to-morrow.

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